

**Application for Certification -  
New Jersey Emission Repair Technician**  
(Please Type or Print in Ink.)

**PART A**

Name (as it appears on your driver's license or other photo identification):		
Street Address:		
City:	State:	Zip Code:
Social Security #:	Phone #:	
Driver's License #:		
E-mail Address (if applicable):		
Employer:		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	
E-mail Address (if applicable):		

(If you have more than one employer, please attach additional sheets as necessary.)

**PART B - At least one of the following two sections must be completed:**

**SECTION 1 - Test Track - Automotive Service Excellence (ASE) Test Information**

**You must attach copies of your ASE A6, A8, and L1 certificates to this application.**

ASE I.D. #:
ASE A6 Expiration Date:
ASE A8 Expiration Date:
ASE L1 Expiration Date:

**SECTION 2 - Education Track - New Jersey ETEP Curriculum Information**

**You must attach a copy of your certificate or training history from an approved ETEP Training Provider to this application.**

Did you take the Advanced Placement Instrument (API)? (Check one) ☐ yes ☐ no

If yes, where did you take the API? (Fill in below); If no, skip to next block.

Name of Approved ETEP Training Provider Where API Was Taken:		
Site Street Address:		
City:	State:	Zip Code:
Date Taken:		

Where did you attend the NJ ETEP Curriculum? (Fill in below)

Name of Approved ETEP Training Provider:		
Site Street Address:		
City:	State:	Zip Code:
Completion Date:		
Name of ETEP Instructor(s):		

**PART C - At least one of the following two sections must be completed:**

**SECTION 1 - New Jersey Specific Informational Training**

Name of Approved ETEP Training Provider:		
Site Street Address:		
City:	State:	Zip Code:
Completion Date:		
Name of NJ Specific Informational Training Instructor(s):		

**SECTION 2 - New Jersey Inspector Training** - Completion of current NJ-approved Inspector Training may substitute for the New Jersey Specific Informational Training listed above.

Name of Inspector Training Facility:		
Site Street Address:		
City:	State:	Zip Code:
Completion Date:		
Name of Inspector Training Instructor(s):		
Inspector License ID #:		

**PART D - Release Statement and Signature - REQUIRED OR APPLICATION WILL BE RETURNED.**

By submission of this application, I hereby authorize the NJDEP, or its authorized agent, to independently verify the information contained herein. I further authorize the ETEP/Inspector Training Providers, ASE, or their designated representatives to release my official training transcripts and/or current certification status for this purpose. All information provided on this application will remain confidential.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please submit completed application to the address below:**

NJ ERT Application Center  
P.O. Box 4306  
Leesburg, VA 20177

**Or Fax to:** (703) 669-6127

**For Inquiries Regarding this Application:**

Toll Free Phone #: (888) 286-0313

**For All Other Inquiries:**

NJDEP: (609) 530-4035

Please note that your status as a New Jersey Certified Emission Repair Technician automatically confers membership in the Repair Excellence Council of New Jersey. For information on this non-profit organization specifically created to keep you abreast of the policies and practices affecting automotive emission repair in New Jersey, check the box below.

☐ **Yes, I am interested in learning more about the New Jersey Repair Excellence Council.**